

ATTACHMENT 3

Family Planning Waiver benefit covered services¹

Procedure codes for Medicaid Family Planning Waiver Program

Procedures	
Code	Description
11975	Insertion, implantable contraceptive capsules
11976	Removal, implantable contraceptive capsules
11977	Removal with reinsertion, implantable contraceptive capsules
57170	Diaphragm or cervical cap fitting with instructions
57452	Colposcopy (vaginoscopy); (separate procedure)
57454	with biopsy(s) of the cervix and/or endocervical curettage
57460	with loop electrode excision procedure of the cervix
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58555	Hysteroscopy, diagnostic (separate procedure)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach

Supplies²	
Code	Definition
W6117	Depo-Medroxyprogesterone
W6200	Intrauterine device, progesterone
W6201	Diaphragm
W6202	Jellies, creams, foams
W6203	Suppositories
W6204	Sponges
W6205	Condoms
W6206	Natural family planning supplies
W6207	Oral contraceptives
W6208	Female condom
W6209	Cervical cap
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5mg/25mg
J7300	Intrauterine copper contraceptive

Laboratory, X-Ray, and Diagnostic Services	
Code	Definition
71010	Radiologic examination, chest; single view, frontal
71020	Radiologic examination, chest, two views, frontal and lateral;
80048	Basic metabolic panel
80050	General health panel (see Current Procedural Terminology [CPT] for tests that must be included in the panel)
80051	Electrolyte panel (see CPT for tests that must be included in the panel)

¹ The Medicaid Family Planning Waiver Program (FPWP) will cover only those prescription drugs listed in this attachment.

² Plan B is not covered by Wisconsin Medicaid.

80061	Lipid panel (see CPT for tests that must be included in the panel)
80074	Acute hepatitis panel
80076	Hepatic function panel
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81002	non-automated, without microscopy
81025	Urine pregnancy test, by visual color comparison methods
82565	Creatinine; blood (only used if patient is on medication for Herpes)
82728	Ferritin
82746	Folic acid; serum
82947	Glucose; quantitative, blood (except reagent strip)
82948	blood, reagent strip
83001	Gonadotropin; follicle stimulating hormone (FSH)
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; single step method (eg, reagent strip)
84146	Prolactin
84450	Transferase; aspartate amino (AST) (SGOT) (Only used if patient has history of Mono)
84703	Gonadotropin, chorionic (hCG); qualitative
85007	Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)
85009	differential WBC count, buffy coat
85013	spun microhematocrit
85014	other than spun hematocrit
85018	hemoglobin
85021	hemogram, automated (RBC, WBC, Hgb, Hct and indices only)
85022	hemogram, automated, and manual differential WBC count (CBC)
85027	hemogram and platelet count, automated
85031	Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)
85041	red blood cell (RBC) only
85048	white blood cell (WBC)
85651	Sedimentation rate, erythrocyte; non-automated
86580	Skin test; tuberculosis, intradermal
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86703	HIV-1 and HIV-2, single assay
86781	Antibody; Treponema Pallidum, confirmatory test (eg, FTA-abs)
87070	Culture, bacterial; any other source except urine, blood or stool, with isolation and presumptive identification of isolates
87075	any source, anaerobic with isolation and presumptive identification of isolates
87076	anaerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only;
87086	Culture, bacterial; quantitative colony count, urine
87088	with isolation and presumptive identification of isolates, urine
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
87109	Culture, mycoplasma, any source
87110	Culture, chlamydia, any source

87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	special stain for inclusion bodies or intracellular parasites (eg, malaria, coccidia, microsporidia, cytomegalovirus, herpes viruses)
87210	wet mount for infectious agents (eg, saline, India ink, KOH preps)
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathetic effect
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87274	Herpes simplex virus type 1
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Chlamydia trachomatis
87340	hepatitis B surface antigen (HBsAg)
87390	HIV-1
87391	HIV-2
87449	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87512	Gardnerella vaginalis, quantification
87528	Herpes simplex virus, direct probe technique
87530	Herpes simplex virus, quantification
87531	Herpes virus-6, direct probe technique
87532	Herpes virus-6, amplified probe technique
87533	Herpes virus-6, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification
87591	Neisseria gonorrhoeae, amplified probe technique
87620	papillomavirus, human, direct probe technique (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] [to accompany HPV] 079.4)
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	amplified probe technique, each organism
87799	quantification, each organism
88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (list separately in addition to code for technical service)
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision

88143	with manual screening and rescreening under physician supervision ICD-9-CM (to accompany abnormal diagnostic cytology) V15.89 — Other specified personal history presenting hazards to health (high risk) V76.2 — Special screening for malignant neoplasms, cervix (low risk) V76.49 — Special screening for malignant neoplasms, other sites (low risk without uterus/cervix) 795.0 — Nonspecific abnormal Papanicolaou smear of cervix 795.1 — Nonspecific abnormal Papanicolaou smear of other site
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)
88160	Cytopathology, smears, any other source; screening and interpretation
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	with manual screening and rescreening under physician supervision
88166	with manual screening and computer-assisted rescreening under physician supervision
88167	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88199	Unlisted cytopathology procedure
88300	Level I — Surgical pathology, gross examination only
88302	Level II — Surgical pathology, gross and microscopic examination
88305	Level IV — Surgical pathology, gross and microscopic examination
88346	Immunofluorescent study, each antibody; direct method
89350	Sputum, obtaining specimen, aerosol induced technique (separate procedure)
90782	Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular
90788	Intramuscular injection of antibiotic (specify)
94664	Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation
94665	subsequent
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory

Evaluation and Management

Code	Definition
99201	Office or other outpatient visit for the evaluation and management of a new patient (10 min)
99202	Office or other outpatient visit for the evaluation and management of a new patient (20 min)
99203	Office or other outpatient visit for the evaluation and management of a new patient (30 min)
99204	Office or other outpatient visit for the evaluation and management of a new patient (45 min)
99211	Office or other outpatient visit for the evaluation and management of an established patient (5 min)
99212	Office or other outpatient visit for the evaluation and management of an established patient (10min)
99213	Office or other outpatient visit for the evaluation and management of an established patient (15 min)
99214	Office or other outpatient visit for the evaluation and management of an established patient (25 min)
99384	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)

99385	18-39 years
99386	40-64 years
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	18-39 years
99396	40-64 years
W6210	Family planning pharmacy visit (including oral contraceptives)
W6211	Initial visit non-comprehensive
W6212	Annual visit, non-comprehensive
W6271	Directly observed preventive therapy (DOPT); Tuberculosis (TB) infected only
W6272	TB symptom and treatment monitoring; TB infected only
W6273	Patient education and anticipatory guidance; TB infected only
W6274	Directly observed therapy (DOT); suspect or confirmed active case
W6275	TB symptom and treatment monitoring; suspect or confirmed active case
W6276	Patient education and anticipatory guidance; suspect or confirmed active case
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination

Specialized Medical Vehicle Services

Code	Definition
W9053	Specialized Medical Vehicle (SMV) unloaded mileage (20.1 to 30 miles)
W9054	SMV unloaded mileage (30.1 to 45 miles)
W9055	SMV unloaded mileage (45.1 to 60 miles)
W9056	SMV unloaded mileage (60.1 to 75 miles)
W9057	SMV unloaded mileage (75.1 to 90 miles)
W9058	SMV unloaded mileage (90.1 and greater)
W9090 [#]	SMV mileage
W9091 [#]	Multiple carry SMV mileage
W9095	SMV waiting time (per hour)
W9096 [*]	SMV base rate (including first 5 miles)
W9097	Multiple carry SMV base rate (including first 5 miles)
W9098	SMV second attendant (per trip)

[#] Requires prior authorization for trips over 40 miles that begin in the following counties: Brown, Dane, Fond du Lac, Kenosha, La Crosse, Manitowoc, Milwaukee, Outagamie, Sheboygan, Racine, Rock, Winnebago, or over 70 miles in all other Wisconsin counties.

^{*} To bill a cot/stretchers base rate, use procedure code W9096 with description code A11 or A12.

Prescription Drugs^{1,2}

Drug Name (Generic)	Strength	Dosage Form
Acyclovir	800mg	Tablet
Acyclovir	400mg	Tablet
Acyclovir	0.05	Oint.(gm)
Acyclovir	200mg/5ml	Oral Susp
Acyclovir	200mg	Capsule
Azithromycin	1g	Packet
Azithromycin	100mg/5ml	Susp Recon
Azithromycin	250mg	Tablet
Azithromycin	600mg	Tablet
Azithromycin	200mg/5ml	Susp Recon
Butoconazole Nitrate	0.02	Crm Sr(gm)
Cefixime	400mg	Tablet
Cefixime	200mg	Tablet
Cefixime	100mg/5ml	Susp Recon
Ceftriaxone Sodium	250mg	Vial
Ceftriaxone Sodium	500mg	Vial
Ceftriaxone Sodium	1g	Vial
Ceftriaxone Sodium	2g	Vial
Ceftriaxone Sodium	10g	Vial
Ceftriaxone Sodium	1g	Vial
Ceftriaxone Sodium	2g	Vial
Ciprofloxacin	250mg/5ml	Sus Mc Rec
Ciprofloxacin	500mg/5ml	Sus Mc Rec
Ciprofloxacin Hcl	250mg	Tablet
Ciprofloxacin Hcl	500mg	Tablet
Ciprofloxacin Hcl	750mg	Tablet
Ciprofloxacin Hcl	100mg	Tablet
Clindamycin Phosphate	0.02	Cream/Appl
Clindamycin Phosphate	0.01	Solution
Clindamycin Phosphate	0.01	Lotion
Clindamycin Phosphate	0.01	Gel
Clindamycin Phosphate	0.01	Med. Swab
Clotrimazole	0.01	Cream/Appl
Clotrimazole	100mg	Tablet
Clotrimazole	200mg	Tablet
Clotrimazole	0.01	Cream(gm)
Doxycycline Calcium	50mg/5ml	Syrup
Doxycycline Hyclate	100mg	Capsule
Doxycycline Hyclate	50mg	Capsule
Doxycycline Hyclate	100mg	Tablet

¹ Wisconsin Medicaid will do a monthly post-payment audit of FPWP claims; any drug claims paid in error to pharmacies and other providers will be recouped.

² The majority of the prescriptions on this list are medications used for the treatment of sexually transmitted infections. These drugs were taken from the Center for Disease Control and Prevention's (CDC) Sexually Transmitted Diseases Treatment Guidelines. The complete report can be found at www.cdc.gov/.

Doxycycline Hyclate	20mg	Capsule
Doxycycline Monohydrate	25mg/5ml	Susp Recon
Doxycycline Monohydrate	100mg	Capsule
Doxycycline Monohydrate	50mg	Capsule
Erythromycin Base	250mg	Capsule Ec
Erythromycin Base	250mg	Tablet
Erythromycin Base	500mg	Tablet
Erythromycin Base	250mg	Tablet Ec
Erythromycin Base	333mg	Tablet Ec
Erythromycin Base	500mg	Tablet Ec
Erythromycin Base	333mg	Tab Part
Erythromycin Base	500mg	Tab Part
Erythromycin Base/Benz Per		Gel
Erythromycin Base/Ethanol	0.02	Gel
Erythromycin Base/Ethanol	0.02	Solution
Erythromycin Base/Ethanol	0.015	Solution
Erythromycin Estolate	125mg/5ml	Oral Susp
Erythromycin Estolate	250mg/5ml	Oral Susp
Erythromycin Ethylsuccinate	200mg/5ml	Oral Susp
Erythromycin Ethylsuccinate	200mg/5ml	Susp Recon
Erythromycin Ethylsuccinate	400mg/5ml	Susp Recon
Erythromycin Ethylsuccinate	400mg/5ml	Oral Susp
Erythromycin Ethylsuccinate	40mg/ml	Drops
Erythromycin Ethylsuccinate	400mg	Tablet
Erythromycin Ethylsuccinate	200mg	Tab Chew
Erythromycin Stearate	250mg	Tablet
Erythromycin Stearate	500mg	Tablet
Famciclovir	125mg	Tablet
Famciclovir	500mg	Tablet
Famciclovir	250mg	Tablet
Fluconazole	100mg	Tablet
Fluconazole	200mg	Tablet
Fluconazole	50mg	Tablet
Fluconazole	150mg	Tablet
Fluconazole	40mg/ml	Susp Recon
Fluconazole	10mg/ml	Susp Recon
Imiquimod	0.05	Packet
Levofloxacin	250mg	Tablet
Levofloxacin	500mg	Tablet
Levofloxacin	750mg	Tablet
Metronidazole	750mg	Tablet Sa
Metronidazole	250mg	Tablet
Metronidazole	500mg	Tablet
Metronidazole	375mg	Capsule
Metronidazole	0.0075	Gel
Metronidazole	0.0075	Cream(Gm)
Metronidazole	0.01	Cream(Gm)
Metronidazole	0.0075	Gel W/Apl

Miconazole Nitrate	0.02	Cream/Appl
Miconazole Nitrate	100mg	Supp.Vag
Miconazole Nitrate	200mg	Supp.Vag
Miconazole Nitrate	0.02	Aero Powd
Miconazole Nitrate	0.02	Cream(gm)
Miconazole Nitrate	200mg-2%	Combo. Pkg
Miconazole Nitrate	1200mg-2%	Combo. Pkg
Nystatin	100mu	Tablet
Ofloxacin	200mg	Tablet
Ofloxacin	300mg	Tablet
Ofloxacin	400mg	Tablet
Podofilox	0.005	Gel
Podofilox	0.005	Solution
Terconazole	80mg	Supp.Vag
Terconazole	0.004	Cream/Appl
Terconazole	0.008	Cream/Appl
Valacyclovir Hcl	500mg	Tablet
Valacyclovir Hcl	1000mg	Tablet

Other — Not A Medication
Non-Latex Condoms

SMV: Specialized Medical Vehicle